



## Children's Mental Health Waiver Notice of Conviction

Provider: \_\_\_\_\_

Convicted of ☐ Misdemeanor  
☐ Felony  
☐ Substantiated abuse/neglect

Date of Conviction: \_\_\_\_\_

Please provide explanation of the conviction:

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Please provide explanation of current status relating to the conviction:

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\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Date

Form #: WA-10

Implementation Date: 7/1/06    Revision Date: None